

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-032642

LOCAL FILE NUMBER: 2974

DATE ISSUED: 07/26/2018

FIRST AND MIDDLE NAME(S): ROSEMARY FRANCES  
LAST NAME(S): TORGESSEN

FEES NUMBER: 310710

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: JULY 20, 2018  
HOUR OF DEATH: 08:07 PM  
SEX: FEMALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: [5a], [5c]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: DECEMBER 19, 1939  
BIRTHPLACE: MILWAUKEE, WI

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: DOUGLAS TORGESSEN  
RELATIONSHIP: SON  
ADDRESS: [REDACTED] TULALIP WA 98271

CAUSE OF DEATH:  
A: MALNUTRITION AND FAILURE TO THRIVE  
INTERVAL: WEEKS  
B: DECOMPENSATED SCHIZOAFFECTIVE DISORDER WITH PSYCHOSIS  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT HIP FRACTURE, RIGHT HUMERUS FRACTURE, CONGESTIVE HEART FAILURE

DATE OF INJURY: UNKNOWN  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: CARE CENTER

LOCATION OF INJURY: 3955 156TH STREET NE

CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98271  
COUNTY: SNOHOMISH

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL.

IF TRANSPORTATION INJURY: SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: [REDACTED]  
CITY, STATE, ZIP: TULALIP, WA 98271  
INSIDE CITY LIMITS: NO COUNTY: SNOHOMISH  
TRIBAL RESERVATION: TULALIP  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: EDWARD COSTIGAN  
MOTHER/PARENT: FRANCES BARRY

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON  
DISPOSITION DATE: JULY 25, 2018

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY  
ADDRESS: 1321 STATE AVE  
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270  
FUNERAL DIRECTOR: GINA L. LANDERHOLM

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DANIEL M. SELOVE, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 9509 29TH AVENUE WEST  
CITY, STATE, ZIP: EVERETT, WA 98204  
DATE SIGNED: JULY 25, 2018

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: SCME 180725-174  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA  
DATE RECEIVED: JULY 25, 2018